		THE DIVISION OF HEALTH OF MISSOURI					OAOM	. 4		
S. No.300	Mino to	- 4 a 108th	STANDAR	D CERTIF	ICATE OF DEA	ATH	. State F	ile No	C493	1
v. 10-48	のた、 がけたい AU(3 12 1952				าต่			17 3 274	
	BIRTH NO		REG. DIST. NO.	13	PRIMARY REG. DIST.			ar's No		<u></u>
, 421	I. PLACE OF DEA	ATH				ENCE - (W	here depended live			oe before iniesion).
ا الأعلى .	a. COUNTY	Jasper:			a. STATE Miss	souri	b.,COUN		er e -	immesion).
) 1 0	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (in this place) TOWN Webb City				c. CITY (If outside corporate limits, write RURAL and give township)					
_					II TOWN WEDD OICY					
RECORD	d. FULL NAME OF	d FILL NAME OF OLD A Landard and Landard and Adam on Markey				d. STREET (If rural, sive location)				
8	HOSPITAL OR Jane Chinn Hospital				d. STREET (If rural, alve location) ADDRESS 932 W. 11 th Webb City				.ty	
Æ	3. NAME OF a. (First) DECEASED		b. (Middle)		c. (Last)		4. DATE (Month) (Day) (Year)			
	(Type or Print)	ROBERT"		B'• (CARROLL		DEATH ALLE	ust:	4, 195	
N.	1	COLOR OR RACE	7. MARRIED, NEVI	R MARRIED.	8. DATE OF BIRTH	ĺ	9. AGE (In years,	OF UNDER 1	YEAR OF UNDER	A 24 HERS.
2	Male 0 1	White:	Married	RCED (Bjecity)	Aug. 15.	L896	last birthday)	Months	Days Hours	Min.
₹	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BU	SINESS OR IN-	· 		ecuntry)			FWHAT
PERMANENT	Cheif Ope	ng life, even if retired)	C'.A.A.		Michigan		j		12. CITIZEN OF COUNTRY? USA	
E	13a. FATHER'S NAME			HER'S MAIDEN	<u> </u>	14. NAM	OF HUSBAND	OR WIFE		
◀ :	Harry Car		F	rnie Hi		1		rrol		
8	15. WAS DECEASED EVE				17. INFORMANT		TURE OR NA	_	ADDR	FSS
MAKE	(Yes, no, or unknown) (If yes, sive war or dates of service)			NO.	Mrs. Marga				sho. M	
Ī	Yes: 1916-1918 Mrs. Margaret Carroll New Medical Certification						MEC	INTERVAL BE	TWEEN	
INK-	Enter only one cause per 1. DISEASE OR CONDITION Une (or (a) (b) and (c) DIRECTLY LEADING TO DEATH*(a)				an The	no	sio		ONSET AND	SEATH Park Section
H	line for (a), (b), and (c)	DIRECTE LEADIN	rea to beath. (a) _	74700					7 700	
CK	*This does not mean		Not Krown.							
74(the mode of dying, such as heart failure, asthenia,	I ruse to the above ca	, if any, giving DUE	то (6)						.
BLA	etc. It means the dis-	the underlying cau	se last.	TO (4)		•				•
U	ease, injury, or complica-	DUE TO (c)			2.00.54					
NIC	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 42								J.	
ŢŢ.	19a. DATE OF OPERA-	· 	related to the disease or condition causing death. 19b. MAJOR FINDINGS OF OPERATION			*. E			20. AUTOPS	
Z	TION	190. MAJOR FIRE	MAS OF OFERRIN	2.11			4201	, ```		\mathbf{A}
7	21- ACCIDENT	(Specify) 2	1b. PLACE OF INJUR	V (a. v. in an about	21c. (CITY, TOWN, OR	TOWNSHIP		INTY)	YES L	NO IA
-USING -	21a. ACCIDENT SUICIDE HOMICIDE	(ppecus)	ome, farm, factory, stre	et, office bldg., etc.)	210. (0111, 10 ////	, , , , , , , , , , , , , , , , , , , ,		,	_	٠,
SII	21d. TIME (Month)	(Day) (Year) (I	Hour) 21e. INJUR	Y OCCURRED	21f. HOW DID INJURY	/ OCCUR?				
. p	OF INJURY	(D#3) (14mi) (1	WHILEAT	NOT WHILE		002011.				
			\m. WORK L	AT WORK	52 /4	10-11				
PLAINLY.	22. I hereby certify	that Lattended if	he deceased from		19 3 , to 174	17	_, 19 <u></u> , th	al I (asi	saw the de	ceased
· V	alive on	<u>, </u>			23b. ADDRESS	ne causes	ana on the aa	le stated	23c. DATE SI	ICNED
	23a. SIGNATURE	Nello-	sel '	Degree or title)	924. 1.2	Dag 1	leeby h).C.	ay6	252
E	ZAB. BURIAL, CREMA	- 24b. DATE	1		OR CREMATORY	24d. LOCAT	ION (City, town	, or count	y) (81	tate)
WRITE	Z4a. BURIAL, CREMA TION REMOVAL (Breed) BUTIAL /)	" August	6,1952 i	IoMth Ho			City.	Miss	<u>ouri</u>	
-	DATE REC'D BY LOCAL	L REGISTRAR'S SI	IGNATURE 4/7	6.	25. FUNEFAL DIREC	TOR'S SI	GNATURE	ADI	DRESS	
	8-6-5-	man.	deline Q	Einteer	Cooley	Thom	um	Neos	ho. Mo	· ·
l			(Licens	ed Embelmer's S	tatement on Reverse Si	de) a				

RECE. VED 9-11-57 Jasper County Health Office
County File Number 52/7/20 Onto Filed 8-11-52
Van Fan Line Anna Anna Anna Anna Anna Anna Anna An

CIAIRMENT	HV.	IIITENCLIA	EMHAI MED
STATEMENT	-		

χ_{-2}^{-2} I hereby certify that the body whose name is recorded on the	reverse side of this c	ertificate was emi	calmed by me, or	r by
1		Student Embala	ser #o	
working under my personal supervision.				\wedge

Licensed Embalmer No. 4861.

P. O. Address Neosho, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.